

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AD</i>	<i>69861</i>	<i>6/20</i>
O.I.P.E. CLASSIFIER	<i>EUN</i>	<i>11</i>	<i>8/28/00</i>
FORMALITY REVIEW	<i>M.M.</i>	<i>7162P</i>	<i>8-11-00</i>
RESPONSE FORMALITY REVIEW	<i>M.M.</i>	<i>7162P</i>	<i>10-26-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	0	0	0
12	0	0	0
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	0	0	0
24	0	0	0
25	0	0	0
26	0	0	0
27	0	0	0
28	✓	✓	✓
29	✓	✓	✓
30	0	0	0
31	0	0	0
32	0	0	0
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	0	0	0
39	0	0	0
40	0	0	0
41	0	0	0
42	0	0	0
43	0	0	0
44	N	N	N
45	N	N	N
46	N	N	N
47	N	N	N
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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